

Board Contract Summary

BC 23 299

For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: *Auditor-Controller Intranet Policies->Contracts*.

D1.	Fiscal Year	2023-2024/2024-2025
D2.	Department Name	Public Works
D3.	Contact Person	John Hancock
D4.	Telephone	(805) 448-7098

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Repair, maintenance, and improvement of CMU stormwater lift station
K3.	Department Project Number.....	828381
K4.	Original Contract Amount.....	\$ 219,600
K5.	Contract Begin Date	5/7/2024
K6.	Original Contract End Date	12/31/2024
K7.	Amendment? (Yes or No).....	Yes
K8.	- New Contract End Date	6/30/2025
K9.	- Total Number of Amendments	1
K10.	- This Amendment Amount.....	\$ 98500
K11.	- Total Previous Amendment Amounts.....	\$
K12.	- Revised Total Contract Amount	\$ including contingency \$338,500

B1.	Intended Board Agenda Date	Original 5/7/2024
B2.	Number of Workers Displaced (if any)	
B3.	Number of Competitive Bids (if any).....	
B4.	Lowest Bid Amount (if bid)	
B5.	If Board waived bids, show Agenda Date..... and Agenda Item Number	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph).....	N

F1.	Fund Number	1931
F2.	Department Number.....	054
F3.	Line Item Account Number.....	8200
F4.	Project Number (if applicable).....	828381
F5.	Program Number (if applicable)	1850
F6.	Org Unit Number (if applicable).....	
F7.	Payment Terms.....	Monthly

V1.	Auditor-Controller Vendor Number	156132
V2.	Payee/Contractor Name.....	Nviro Corporation
V3.	Mailing Address.....	636 Clarion Court
V4.	City State (two-letter) Zip (include +4 if known).....	San Luis Obispo, Ca 93401
V5.	Telephone Number	(805) 801-4065
V6.	Vendor Contact Person	Todd Waelty
V7.	Workers Comp Insurance Expiration Date	8/14/2024
V8.	Liability Insurance Expiration Date	12/12/2024
V9.	Professional License Number	1056567 A, B and C-10
V10.	Verified by (print name of county staff).....	MJW

V11 Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 10/28/2024 | 5:04 PM PDT Authorized Signature: _____

DocuSigned by:
Gloria Alvarez
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